

1201 HAYS STREET
TALLAHASSEE, FL 32301
(904) 222-9070

800-342-8086

F95000003316



ACCOUNT NO. : 072100000032

000001535150

REFERENCE : 634258 157726A

-07/11/95--01110--003
***2000.00 ***2000.00

AUTHORIZATION :

COST LIMIT : \$ 70.00

pre-paid

ORDER DATE : July 7, 1995

000001535140
-07/11/95--01110--002
*****70.00 *****70.00

ORDER TIME : 11:23 AM

ORDER NO. : 634258

CUSTOMER NO: 157726A

CUSTOMER: Dr. John R. Minarcik
John R. Minarcik, M.d.
1812 East Sandpoint Place

Vero Beach, FL 32963

FOREIGN FILINGS

NAME: JOHN R. MINARCIK, M.D., S.C.

☐ PROFIT
☐ NON-PROFIT

☐ CORPORATE
☐ LIMITED PARTNERSHIP

XX ☐ QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 11 PM 12:43
TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: JOHN R. MINARCIK, M.D., S.C.
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DR. JOHN R. MINARCIK
(Name of Person)
JOHN R. MINARCIK, M.D., S.C.
(Firm/Company)
1812 E. SANDPOINT PLACE
(Address)
VERO BEACH, FL 32963
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

BARBARA MINARCIK at (407) 234 - 8817
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. JOHN R. MINARCIK M.D., S.C., CORPORATION
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. ILLINOIS
(State or country under the law of which it is incorporated)
3. 12/9/77 4. Perpetual
(Date of Incorporation) (Duration)
5. 36-2944621
(Federal Employer Identification number, if applicable)
6. APRIL, 1991
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 1812 E. SANDPOINT PLACE, VERO BEACH, FL 32963
(Current mailing address)
8. MEDICAL SERVICES
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and addresses of officers and or directors:

A. Directors:

Chairman: DR. JOHN R. MINARCIK
Address: 1812 E. SANDPOINT PLACE
VERO BEACH, FL 32963

Vice Chairman: BARBARA MINARCIK
Address: 1812 E. SANDPOINT PLACE
VERO BEACH, FL 32963

Director: _____
Address: _____

Director: _____
Address: _____

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D. Officers:

President: DR. JOHN R. MINARCIK
Address: 1812 E. SANDPOINT PLACE
VERO BEACH, FL 32963

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Corporation Service Company
Office Address: 1201 Nays Street
Tallahassee, Florida 32301
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: _____

Karen B. Rozar
Karen B. Rozar, As Agent

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. John R. Minarcik MD CHAIRMAN
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. DR. JOHN R. MINARCIK, CHAIRMAN
(Name and capacity of person signing application)

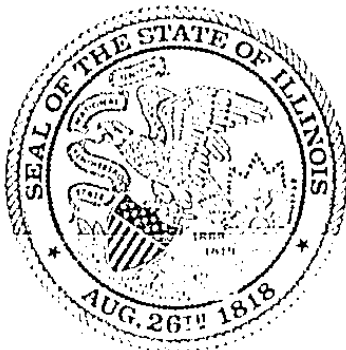
File Number 5132-663-6



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DIVISION OF CORPORATIONS
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To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that JOHN R. MINARCIK M.D., S.C., A DOMESTIC
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 9,
1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE
BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF
ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE,
IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF
ILLINOIS*****



In Testimony Whereof, *I hereto set*
my hand and cause to be affixed the Great Seal of
the State of Illinois this 10TH
day of JULY *A.D., 19* 95

George H. Ryan
SECRETARY OF STATE

EXPEDITED
SECRETARY OF STATE

JUL 10 1995

EXP. FEES 10.00
COPY - CERT. 5.00